
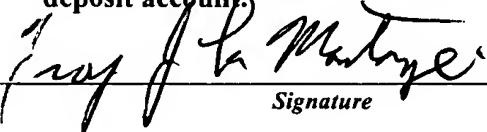
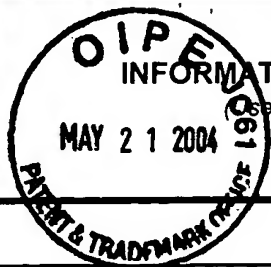


1 FW

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(e))			Docket No. 125477	
In Re Application Of: Robert Vavrek et al.				
Serial No. 10/709,016	Filing Date 4/7/04	Examiner n/a	Group Art Unit n/a	
Title: Gradient Coil Apparatus For Magnetic Resonance Imaging				
<p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p><b>37 CFR 1.97(b)</b></p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p><b>37 CFR 1.97(c)</b></p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p><b>OR</b></p> <p><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>				

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<b>Gradient Coil Apparatus For Magnetic Resonance Imaging</b>				
<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))				
<input type="checkbox"/> A check in the amount of _____ is attached. <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.				
<input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required.				
<b>Certificate of Transmission by Facsimile*</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F: _____)           _____          (Date)       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         _____          Signature       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         _____          Typed or Printed Name of Person Signing Certificate       </div>		<b>Certificate of Mailing by First Class Mail</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         I certify that this document and fee is being deposited on 5/19/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Noelle T. Erickson          Typed or Printed Name of Person Mailing Certificate       </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*This certificate may only be used if paying by deposit account.</p>           Signature       </div> <div style="width: 45%;"> <p>Dated: 5/19/2004</p> </div> </div>				
Troy J. LaMontagne Reg. No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 23413  CC:				



## INFORMATION DISCLOSURE CITATION

(See several sheets if necessary)

ATTY DOCKET NO.

125477

SERIAL NO.

10/709,016

Robert Vavrek et al.

FILING

4/7/04

GROUP

n/a

## U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
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						YES	NO
	EP 0 766 095 B1	10/5/2000	Europe			✓	
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## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)


EXAMINER

DATE CONSIDERED

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